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APR 22 2005

Atty Docket No.: 020048-002820US

PTO FAX NO.: 571-273-8300

ATTENTION: Examiner Ardin H. Marschel

Group Art Unit: 1631

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Ardin H. Marschel

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of M. ALLEN NORTHRUP *et al.*, Application No. 09/929,270, filed August 13, 2001 for INTEGRATED SAMPLE ANALYSIS DEVICE are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form
2. Fee Transmittal (in duplicate)
3. Petition for Extension of Time (in duplicate)
4. Amendment Under 37 CFR 1.116
5. Auto-Reply Facsimile Transmission

Number of pages being transmitted, including this page: 16

Dated: April 22, 2005

Joy Salvador

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TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
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TO: Fax Sender at 16503262422
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FEB. 14. 2005 12:12PM TTC-PA 650-326-2422 NO. 511 P.1

Atty. Doctent No.: 020048-02282078

PTO FAX NO.: 571-373-3300

ATTENTION: Examiner Ardin H. Marschel

Group Art Unit: 1691

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FOR THE PERSONAL ATTENTION OF

EXAMINER Ardin H. Marschel

CERTIFICATION OF FACSIMILE TRANSMISSION

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Dated: February 14, 2005 *Joy Salvador*
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PAGE 1/1 * REV'D AT 2/14/2005 3:06:39 PM [Eastern Standard Time] * SVR:USPTO-EFXXF-1/25 * DNIS:2738300 * CSID:16503262422 * DURATION (mm-ss):04-06



Atty Docket No.: 020048-002820US

PTO FAX NO.: 571-273-8300

ATTENTION: Examiner Ardin H. Marschel

Group Art Unit: 1631

OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER Ardin H. Marschel

CERTIFICATION OF FACSIMILE TRANSMISSION

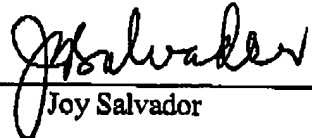
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Joy Salvador

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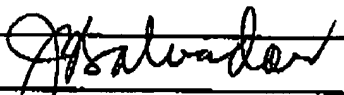
60431056 v1

PTO/SB/21 (08-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/829,270	
	Filing Date	August 13, 2001	
	First Named Inventor	Northrup, M. Allen	
	Art Unit	1631	
	Examiner Name	Ardin H. Marschel	
Total Number of Pages in This Submission	13	Attorney Docket Number	020048-002820US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Chun-Pok Leung		
Date	February 14, 2005	Reg. No.	41,405

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (571) 273-8300 on February 14, 2005.		
Signature		
Typed or printed name	Joy Salvador	Date February 14, 2005

00421055 v1

PTD/SB/17 (12-04)

Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1020.00

Complete if Known

Application Number	09/929,270
Filing Date	August 13, 2001
First Named Inventor	Northrup, M. Allen
Examiner Name	Ardin H. Marschel
Art Unit	1631
Attorney Docket No.	020048-002820US

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crow LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims _____ -20 or HP = _____ x _____ = _____ Fee Paid (\$)
 HP = highest number of total claims paid for, if greater than 20
 Indep. Claims _____ Extra Claims _____ Fee (\$)
 -3 or HP = _____ x _____ = _____ Fee Paid (\$)
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$)
 - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ Fee Paid (\$)


4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: EXTENSION FOR REPLY WITHIN THREE MONTHS

Fees Paid (\$)
1020.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	41,405	Telephone	650-328-2400
Name (Print/Type)	Chun-Pok Leung			Date	February 14, 2005

80421084 v1

COPY (PTO Form 372-04)Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1020.00**Complete if Known**

Application Number	09/929,270
Filing Date	August 13, 2001
First Named Inventor	Northrup, M. Allen
Examiner Name	Ardin H. Marschel
Art Unit	1631
Attorney Docket No.	020048-002820US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crow LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: **EXTENSION FOR REPLY WITHIN THREE MONTHS****Fees Paid (\$)****1020.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 41,405	Telephone 650-326-2400
Name (Print/Type)	Chun-Pok Leung		Date February 14, 2005

80431054 v1

APR 22 2005


PTO/SB/22 (12-04)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional): 020048-002820US																									
Application Number: 09/828,270		Filed: August 13, 2001																									
For: INTEGRATED SAMPLE ANALYSIS DEVICE																											
Art Unit: 1631		Examiner: Ardin H. Marschel																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><thead><tr><th></th><th>Fee</th><th>Small Entity Fee</th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$ 1020.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record. Registration Number _____</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>41,405</u></p> <p>_____ Signature</p> <p>_____ Date</p> <p>_____ Chun-Pok Leung, Reg. No. 41,405 Typed or printed name</p> <p>_____ 650-326-2400 Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted.</p>					Fee	Small Entity Fee		<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1020.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____
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60421053 v1

COPY

PTO/SB/22 (12-04)

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